



**NATIONAL
GUARD**

Always Ready Always There

Search Site Map Contact Us

Home

News

About the Guard

Leadership

Joint Staff

For the Media

Resources

News Archive

Today in Guard History

The On Guard

State Publications

Foundations Magazine

RSS News

News Widget

National Guard meets suicide spike head on

By Army Staff Sgt. Jim Greenhill
National Guard Bureau

WASHINGTON (5/14/10) - The National Guard is aggressively addressing a spike in Citizen-Soldier and -Airman suicides that reflects a trend throughout the military.

"We are alarmed by the suicide rates we're seeing inside the Army National Guard," Army Maj. Gen. Raymond Carpenter, the component's acting director, told the Senate Appropriations Committee's subcommittee on defense in March. "Almost half of the suicides we're experiencing are from Soldiers who haven't even deployed. There's more to this than just the mobilization and deployment piece."

Last year, 65 Army National Guard Soldiers killed themselves; 15 Air National Guard Airmen died by suicide.

The trend continues. The Army National Guard confirmed 34 suicides through April 26. The Air Guard confirmed six.

Of the 34 Army National Guard deaths so far this year, 20 had never deployed, Guard officials reported. Of the six Air National Guard suicides, four had not deployed.

The increases echo a spike throughout the armed forces.

"As I look at the numbers for each service, the rates have gone up per capita at about the same rate over the past four or five years for every service," Navy Adm. Mike Mullen, chairman of the Joint Chiefs of staff, said in January, according to American Forces Press Service. "This isn't just a ground-force problem."

As has happened in other medical specialties, such as trauma care, the military is making a leading contribution to suicidology.

"The subject of suicide is one of tremendous difficulty and challenge and understanding," Mullen said. "Certainly, ... with the rise in the numbers in all the services since these wars, [Defense Department officials have] started to really look at the causes and get to a point where we can prevent this and understand this."

The Army and Air National Guard investigate every suicide.

"We do a detailed analysis on each one of these suicides because we want to know what happened in that individual's life that caused them to think that suicide was the best option," Air Force Lt. Gen. Harry Wyatt III, director of the Air National Guard, told the House Appropriations Subcommittee on Defense in April.

"What we've found is that they've had some sort of significant event inside of their own life, either they lost their girlfriend, they lost their job," Wyatt said.

The numbers of suicidal servicemembers who have not deployed and analysis of the apparent reasons behind suicides and suicide attempts led Army Col. Gregg Bliss, chief of the Army National Guard's Soldier and Family Support Division, to conclude that while the National Guard's expanding suicide prevention programs are important, instilling resiliency throughout the Guard is critical.

One way to define resiliency: The ability to grow and thrive in the face of challenges and bounce back from adversity.

"Resilience has benefits to all Guard Soldiers and families," Bliss said.

Army Maj. Gen. William Wofford, adjutant general of the Arkansas National Guard - a state that makes for a case study in a comprehensive response to the suicide spike, that went above and beyond by providing services to all Arkansas servicemembers regardless of component and led a statewide effort to improve suicide prevention for all Arkansas residents - likes the term "operational stress."

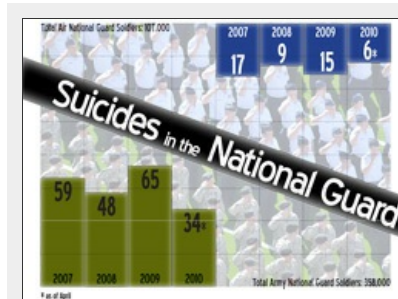
Air Force Gen. Craig McKinley, the chief of the National Guard Bureau, discussed these stressors at the March Senate hearing.

"The stresses, the strains, the financial difficulties, the times we live in, the stress on the family, the fact that we've had continuous rotations, obviously have created an environment where many of our young Soldiers and Airmen struggle, ..." McKinley said. "Our deploying Soldiers and Airmen are facing challenges that none of us ... certainly ever did in our military careers."

How the National Guard's current suicide rate compares to the rate in the national civilian population is hard to measure. The last comprehensive national study on suicide was conducted by the Centers for Disease Control in 2006, so they are too outdated to give a meaningful comparison.

Suicide is notoriously difficult to quantify, in part because of a tendency for some coroners, who determine causes of death, to make a ruling other than suicide out of deference to family wishes.

It also is an underpublicized epidemic that was claiming more than 31,000 American lives annually at the time of the 2006 CDC study. CDC numbers from 2002 found suicide was the second-leading



Suicides in The National Guard

[download hi-res photo](#)

f Recommend



Air National Guard strips victory from reigning Canadian champs

Feb 11, 2011

The Alaska Air National Guard Curling team claimed victory in [Air National Guard strips victory from reigning Canadian champs](#)
[Virginia National Guard gets Army's first mobile VICE trainer](#)
[Washington Air National Guardmembers hone tactical air control skills](#)
[Warrior Transition Units Army drafts new regulation](#)

Receive email updates

Enter Email Address

Go



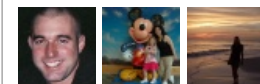
**The National
Guard** on Facebook

f Like

21,019 people like **The National Guard**.



William Steven Joel



Eric Diana Genevieve

f Facebook social plugin

NEWS ARCHIVES

- + February 2011
- + January 2011
- + December 2010
- + November 2010
- + October 2010
- + September 2010
- + August 2010
- + July 2010
- + June 2010
- + May 2010
- + April 2010
- + March 2010
- + February 2010
- + More Archives

text size: A A A

Printer Friendly

SHARE

Web2PDF

converted by Web2PDFConvert.com

cause of death in the 25-34 age group and the third leading among 10- to 24-year-olds.

Media policies – aimed at respecting privacy and preventing copycat suicides, a particular problem among teens – typically prohibit reporting suicide unless it occurs in a public place or involves a public figure. Obituaries frequently fail to list suicide as the cause of death.

Air Force Maj. James Coker, chief of the Air National Guard's public health and prevention branch, suggests that, even with the spike in suicides, the overall suicide rate remains lower for the Air Guard than for the civilian population, based on the 2006 CDC study.

"An Air Force epidemiological analysis shows that, when we age- and gender-adjust civilian suicide rates to compare to a military population, the civilian data after age- and gender-adjustment is 19.2 per 100,000 personnel," Coker said. The 2009 Air Guard rate was 13.89 per 100,000 Airmen. "Based on statistical measures, the ANG is below the 2006 CDC age- and gender-adjusted civilian suicide rate reported."

Just as the civilian numbers are likely underestimated because of coroner rulings, the same holds true in the National Guard.

On the other hand, improved tracking within the Guard may have contributed to increased reports of Guard suicides.

While it is also hard to quantify why Soldiers and Airmen kill themselves – they are not around to explain – observation by those working the issue every day and case reviews suggest some answers.

"The majority of [Army National Guard] suicides were committed by young, white males who had relationship issues and/or financial issues," Bliss said.

"Based on analysis, deployment does not appear to be a contributing suicide risk factor," Coker said of Air Guard suicides. Rather, they seem to stem from similar factors found in the Army Guard: failed relationships, legal problems, job problems and financial problems – similar to findings in studies of civilian suicide motivations.

"I cannot recall a single instance of a suicide attempt or completion that did not in some way involve a family breakup, loss of a significant other," said Dr. Tina McClain, associate chief of staff for mental health for the Central Arkansas Veterans Healthcare System. "They all have that as a common denominator."

Army Capt. Tanya Phillips, suicide prevention program manager for the Arkansas National Guard, who deals with troubled servicemembers daily, echoed her adjutant general, seeing underlying societal issues.

"The resilience is not learned as it might have been in past generations," she said.

"They want immediate gratification," Wofford said. "If they can't fix the problem right now, and they haven't got the [skills] to deal with relationship issues, [they say,] 'I have no hope, because my girlfriend broke up with me.' There's something missing there."

Guard leaders are concluding that "something missing" is resiliency and that it is showing up as a problem in the ranks because the military is a reflection of society and lack of resiliency is a national problem.

"The younger generation has grown up in a society where everything is at their fingertips – literally a click away," said Air Force Command Chief Master Sgt. Denise Jelinski-Hall, the National Guard's senior enlisted leader. "Resiliency is not something that you can instantly acquire. It is a learned behavior that one acquires over time through education, training and experience."

Resiliency

"Our intent is to ... create resiliency and establish a more hardy and life-skill capable force," Bliss said. "The Army Guard's goal is to prevent all negative behaviors, not just suicide."

"Our Air National Guard leadership is taking a very proactive role," Coker said.

Individual state initiatives include California embedding counselors with Guardmembers during monthly drills, pioneering resiliency programs in Kansas and New Hampshire creating a collaboration of state and federal programs that has been copied by other states, including Arkansas.

Following a Defense Department recommendation, the National Guard Bureau is providing directors of psychological health at every joint force headquarters in every state and territory and the District of Columbia and at the headquarters facilities of both the Army and Air National Guard.

Those directors offer guidance to Guard leaders on mental health issues, provide training and meet with individual Guardmembers. They evaluated about 2,500 Guardmembers in the last year, said Public Health Service Capt. Joan Hunter, NGB's director of psychological health.

"The top two presenting concerns are family and marital issues [or] psychiatric concern," Hunter said. The psychiatric issues tend to center on post traumatic stress disorder, traumatic brain injury or depression, she said.

"It's very important for us in psychological health ... to do our best to get out ahead of it, so we're not constantly reacting to a tragedy," Hunter said.

The National Guard Bureau also is promoting a suicide prevention hotline at (800) 273-TALK; partnering with the Department of Health and Human Services to highlight best practices in the states; conducting a beta test in two states that uses computer mapping to match Guardmembers with local mental health resources; and studying adding additional behavioral health providers in the states.

Soldier and Airman care can be a retention issue. One noncommissioned officer interviewed for these reports said he does not plan to re-enlist after a multiple-deployment, 14-year career, despite his pride in service – and despite high praise from higher-ranking Soldiers asked about his performance – because he felt troubled Soldiers had been poorly served within his unit.

"Follow what the Army has said to do," he said. "If we do that, [they'll] be taken care of."

He suggested there sometimes is a reluctance to appropriately report issues higher up the chain because of a perception by mid-level commanders that troubled Soldiers reflect poorly on the unit and therefore on their superiors. "You can't tell me that's the wishes of the general," he said. "That's the interpretation."

"There is a hesitancy on many levels – personal, organizational – to someone seeking assistance for mental health," Hunter said. "If somebody fell down and broke their leg, they wouldn't be afraid to ask their commander for time off for the bone to heal. We have to start looking at mental health the same way.

"It's not a reflection on an individual commander because one of his troops is being challenged ... and what we're trying very hard to educate our commanders with is the fact that many people are being exposed to horrendous things and it's very normal for them to have a reaction the way they are.

"Where the rubber meets the road is our first sergeants and our senior enlisted ... they are the key to the success of behavioral health in the National Guard."

Interviews for these reports suggested a reluctance by servicemembers to seek help because they do not want to appear weak to their colleagues, feel they should be able to handle issues themselves and fear their careers will be negatively impacted.

"Asking for help may very well be the bravest thing you can do," Mullen noted in a recent Facebook posting reminding servicemembers that May is Mental Health Month.

"Leaders at all levels need to encourage their Soldiers, Airmen and families to seek help," Jelinski-Hall said. "Recognizing that you or your family needs help should be viewed as a strength. It takes courage to say, 'I need help.' By word and action, it is up to leadership to show servicemembers that their career will not be affected because they asked for assistance. Servicemembers need to trust that leadership will do right by them and they will continue to have a successful career."

One Arkansas servicemember who attempted suicide said he felt his struggle made it easier for other members of his unit to seek help because they saw him ask and how he was treated when he did so.

"They're not going to have much of a military career if they commit suicide," McClain said.

Reconnecting

Like other leaders, Jelinski-Hall said the pace of life and replacement of one-on-one interaction with e-mails, text messages and social networking sites may be contributing to decreased resilience.

"It is essential that we as leaders – especially in today's era of BlackBerries, Twitter, e-mail and texting – remember the leadership practices that have always been successful," she said. "The only way we can truly help our Soldiers, Airmen and their families is by really getting to know them. The only way we get to know them is to talk with them one-on-one, face-to-face and ask the tough questions.

"That way we not only hear their words, but we can see their faces, look into their eyes, understand them and provide them with the leadership they should expect and definitely deserve. All the modern technology in the world will not replace direct and meaningful contact with our people."

The unique nature of the National Guard also means reaching out to families, businesses and community organizations for help, as states such as Arkansas have done.

"We've only got these guys two days a month," said Army Capt. Chris Heathscott, state public affairs officer. "By the time we find a problem, it's too late."

Hunter said 6,400 members of the Army National Guard are the only Guardmembers who live in their ZIP code, a level of dispersement unknown in the active duty force.

"[The VA] can't be everywhere at once," McClain said. "The Guard can't be everywhere at once. We need as many community leaders – we want those first responders, the law enforcement or the clergy or the counselors at school – to be involved and be on the same page and for us to provide them the support that they need in order to provide an appropriate intervention.

"What will help is if we have everyone at a high level of suspicion for suicidality. Then we're more likely to recognize those warning signs.

"The main thing you can do is not keep it to yourself. You need to enlist the help of a professional, whether it's a mental health provider or your commanding officer. Someone needs to know besides you.

"The main thing is to enlist any support, where you are, that's available – immediately."

Said Hunter, "People who are contemplating suicide don't necessarily want to end their biological life. Whatever is happening in their life, they don't see any options. ... You move them out of that crisis point ... you've succeeded in saving a life – but you've also put a life back on track."

Related Links

- [Suicide Chart](#)
- [Initiatives](#)



**NATIONAL
GUARD**

Always Ready Always There

Search Site Map Contact Us

Home

News

About the Guard

Leadership

Joint Staff

For the Media

Resources

News Archive

Today in Guard History

The On Guard

State Publications

Foundations Magazine

RSS News

News Widget

Case Study: Arkansas aims efforts at building resiliency

By Army Staff Sgt. Jim Greenhill
National Guard Bureau

CAMP JOSEPH T. ROBINSON, Ark., (5/14/10) - Two uniformed Arkansas National Guard Soldiers visit homeless shelters and food pantries in a Little Rock neighborhood, joined by a dozen police officers.

Someone has called to report concern about a servicemember's welfare. Neither the Guard nor police nor other civilian agencies have been able to track down the troop, and it has come down to house-by-house inquiries in an area where a cell phone provider has reported the servicemember last used his phone.

"The Arkansas National Guard cares about every Soldier and every Airman and - our adjutant general has said - every servicemember that is in our state boundaries ... and they served their country, we care enough to drop everything and help them," said Army Capt. Tanya Phillips, suicide prevention program manager.

Arkansas is one of many National Guard states - others include California, Indiana, Kansas, Maine, Michigan, Minnesota, Missouri, Nebraska, New Hampshire, Ohio, Puerto Rico, Vermont, Washington and Wisconsin - that have gone above and beyond in responding to a spike in military suicides. Arkansas had one such death in 2008, seven in 2009.

What Arkansas has done in the last 14 months makes for a case study in response.

All of Arkansas' efforts are aimed at building resiliency - giving Guardmembers a deep foundation to endure stress.

"I see a lot of people that place things as gods in their lives," Arkansas Chaplain (Army Capt.) Jeremy Miller said. "When that god ... is removed - a person, a place, a substance or an experience - then they're going, 'I have no reason to live.' It's placing all of their stock in these one or two things."

The National Guard Bureau is adding directors of psychological health in every state and territory and the District of Columbia. Ronnie Goff, the Arkansas National Guard's director of psychological health, said resiliency needs to be built early and reinforced often.

"Troops need, during their Basic Combat Training, concrete methods that they can use - whether they are deployed or in their civilian life - to maintain better mood," he said.

Goff is talking about "mood" in the clinical sense, where lowered mood is an indicator of higher risk for mental health issues such as depression.

"Lower their risk by increasing their knowledge of how to maintain your mental health under stress," he said.

He emphasizes exercise, because it stimulates endorphins; socialization; and positive thinking.

"Exercise is not just for your physical fitness," Goff said. "It's hugely important to maintaining mental health."

It is important not to isolate, Goff said. "We need others around us. You don't even have to discuss your problems - just socializing is enough."

Finally, Goff emphasizes taking control of how we think - especially during down time off the job or falling asleep at night.

"We definitely have a choice about what we are going to think about, what we are going to dwell on," he said. "Think about positive people or situations or events."

Taken together, exercise, socialization and positive thinking can go a long way to increasing resiliency, he said. "It works for just about any sort of difficulty that's putting mental health at risk."

Resiliency is a relatively new field that has gained traction in the last couple of years, he said.

"These programs are very young and still in the development stage," Goff said. "It's a huge step forward, but the results are not going to be realized right away."

But leaders throughout the Guard have no doubt resiliency needs to become second nature. "When our children are very young, we teach them tornado drills," Phillips told the audience at a February statewide call-to-action hosted by the Arkansas Guard. "Three people died last year in Arkansas due to tornadoes; 400 were lost to suicide."

Resiliency should be as important as any other public health initiative, she said.

In the meantime, tracking the 2009 spike in suicides, the Arkansas Guard took a series of initiatives that have gone beyond helping troops to help the entire state.



Resiliency is one key to preventing suicide, said Army Capt. Tanya Phillips, suicide prevention program manager for the Arkansas National Guard, seen here after leading training at Camp Joseph T. Robinson in Little Rock, Ark., on April 17, 2010. "The resiliency is not learned as it might have been in past generations," Phillips said. (U.S. Army photo by SSG Jim Greenhill) (Released)

[download hi-res photo](#)

f Recommend



Air National Guard strips victory from reigning Canadian champs

Feb 11, 2011

The Alaska Air National Guard Curling team claimed victory in [Air National Guard strips victory from reigning Canadian champs](#)
[Virginia National Guard gets Army's first mobile VICE trainer](#)
[Washington Air National Guardmembers hone tactical air control skills](#)
[Warrior Transition Units Army drafts new regulation](#)

Receive email updates

Enter Email Address

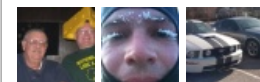
Go



The National Guard on Facebook

Like

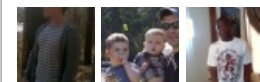
21,019 people like **The National Guard**.



Steven

Jon

Kyle



Joel

Johnny

Leedensley

f Facebook social plugin

NEWS ARCHIVES

- + February 2011
- + January 2011
- + December 2010
- + November 2010
- + October 2010
- + September 2010
- + August 2010
- + July 2010
- + June 2010
- + May 2010
- + April 2010
- + March 2010
- + February 2010
- + More Archives

text size:

Printer Friendly

SHARE

Web2PDF

converted by Web2PDFConvert.com

The governor and Army Maj. Gen. William Wofford, the adjutant general, launched a statewide appeal in September to ask Arkansas families, communities and businesses to watch out for servicemembers who might be facing difficulty. Offers of help from external organizations poured in. The Arkansas Guard conducted a suicide stand-down.

Actor Judge Reinhold, whose wife is from Little Rock, where the couple maintains a home, made two public service announcements that run on television daily.

The Arkansas National Guard teamed up with the governor, attorney general and state director of behavioral health to develop a state suicide prevention program for all Arkansas residents.

Rather than reinventing the wheel, the Arkansas Guard modeled efforts on a national plan, studied what other Guard states had done and got local input to make their plan best fit their state's unique needs.

The network includes civilians, public and private sector agencies and treatment providers, foundations and suicide survivors. In February, the Arkansas National Guard hosted an Arkansas Suicide Prevention Network call-to-action attended by more than 140 professionals from more than 40 agencies.

The Guard reached a unique memorandum of understanding with Veterans Affairs that greatly enhanced the Guard's abilities to get help for troops.

"It has been an outstanding tool," Phillips said. "They are bending over backwards. They will do anything to help our Soldiers and Airmen."

When the adjutant general held his annual leadership conference earlier this month, he devoted one of the three days to suicide prevention.

The state's "Stressed Out" program combines activities such as a walk, giveaways such as stress balls and T-shirts and a Facebook site replete with job announcements, relationship resources and humor to get the message out.

"We've done many interventions through the Facebook site," Phillips said.

The Guard joined forces with numerous organizations, including Give An Hour, whose network of mental health care providers has donated more than \$2.4 million in counseling for servicemembers nationwide since 2007.

Soldiers and Airmen receive suicide prevention training and are encouraged to watch out for their battle buddies.

Miller has found himself hosting area training for churches throughout the state. "Once a month, I will get a call from a civilian pastor that will say, 'I don't know what I'm doing,'" he said adding that the Arkansas Guard's experience can help.

A suicide prevention task force spearheaded by Phillips, Miller and Goff stands ready to intervene on a moment's notice, 24/7, 365-days-a-year to help troubled servicemembers.

Some servicemembers prefer a chaplain's religious background, Miller said. Others like Goff's psychological background or Phillips' tell-it-like-it-is advice.

"It doesn't matter who it is," he said. "Don't let them go until you know they're in someone's care."

In extreme cases, the Guard reaches out to emergency dispatchers, cell phone companies and computer service providers to find troubled servicemembers.

So when the Arkansas Guard got a phone call alerting them that someone who might be a civilian or military member of a service component in the state was having a mental health crisis, the suicide prevention task force swung into action.

"We did not know if that person was a civilian, or whether it was military personnel," Phillips said. "If it was Army, Air Force, Marine, Navy. All we knew is that there was a life in jeopardy."

Officials contacted all components and searched Guard databases.

"It turned out to be one of our own," Phillips said. "The addresses that we had in the system for him didn't work. The phone numbers didn't work."

The Guard contacted law enforcement dispatchers, national help hotlines, online providers and cell phone companies.

"We never want to violate anybody's privacy," Phillips said. But they will do whatever it takes to help. "We became very, very concerned," she said. "Everybody pulled out every stop trying to locate this Soldier."

In the end, using cell phone global positioning information, authorities narrowed down where they thought the servicemember might be – and Guard officers joined police on foot for a neighborhood search.

Police located the Soldier and he was admitted to a Veterans Affairs hospital.

"It worked," Phillips said. "We were thrilled. ... All of these outside agencies have really bonded together, not just for the military, but for the state."

"There are lots of resources. Hundreds of resources – whether they're military or civilian, there are so many people out there that can help and are willing to help, and they'll bend over backwards to help. We just have to match the person in need with the right resource."



**NATIONAL
GUARD**

Always Ready Always There

Search Site Map Contact Us

Home

News

About the Guard

Leadership

Joint Staff

For the Media

Resources

News Archive

Today in Guard History

The On Guard

State Publications

Foundations Magazine

RSS News

News Widget

"It takes the strength and courage of a warrior to ask for help"

By Army Staff Sgt. Jim Greenhill
National Guard Bureau

LITTLE ROCK, Ark., (5/14/10) - It's 4:30 p.m., on a Saturday afternoon, and the adjutant general of the Arkansas National Guard has worked a 60-plus hour week, but he has one more meeting - with a lower-enlisted Soldier.

The Soldier does not know Army Maj. Gen. William Wofford is coming to visit him at the Central Arkansas Veterans Healthcare System's Eugene J. Towbin Healthcare Center here, but the general has a message to deliver:

There is hope, and we care at the very highest levels of your chain of command.

"It takes the strength and courage of a warrior to ask for help," Wofford says, echoing a Department of Veterans Affairs slogan.

The Soldier is being cared for and remains under close observation after the Arkansas National Guard received a phone call of concern from a civilian friend. The Guard, assisted by both local and national civilian agencies, went to extraordinary lengths to find him.

The case mirrors many others worked by the Arkansas National Guard's suicide prevention program: A combat veteran, unemployed, with no money and no place to go, and - to top it off - relationship problems that seem overwhelming.

He did not ask for help.

"It's a tough thing for a guy - it's a macho thing - to admit he's got a problem he can't fix himself," Wofford said. "They either ignore the problem, or they try to fix it themselves.

"It's all right to get help; it's all right to ask for help; if you don't get help, and you can't meet the standards, we can't help you - but there is a way to do that.

"I want to be sure we're catching these folks before they self-destruct. It's not that the Guard's going to do something to them. We're not going to put them out: They're going to put themselves out if they don't turn their lives around.

"Is it a career-killer? Not if we catch it soon enough."

Now Wofford and Army Capt. Tanya Phillips, the Arkansas National Guard's state suicide prevention program manager, are bringing the Soldier concrete hope.

It comes not as a hand-out, rather a boost up.

If the Soldier successfully completes treatment, he has offers of jobs, including room and board, and assistance with legal issues stemming from delinquent bills. All of this provided by the Arkansas Suicide Prevention Network, a civilian and military partnership created in February.

"We've got some very good programs here in Arkansas," Wofford said. "They were developed and designed out of necessity. It's not something because we're brilliant, it's ... because we recognize there is a valid need, that our Soldiers and Airmen need help."

The Arkansas National Guard has taken a team approach to operational stress, reaching out to the entire state, in part because of the unique nature of the National Guard.

Unlike the active-duty force, Guard leaders see some Soldiers and Airmen as few as two days a month. That means there are at least 28 days when leaders do not have eyes on their Guardmembers.

The first solution lies within the Guard. First-line leaders should take the initiative to call their Soldiers and Airmen between monthly drills, Wofford said.

"That's the mark of a good [noncommissioned officer]," he said. "It demonstrates that their leadership really cares. It demonstrates that this is the way leaders are supposed to perform."

The second solution involves teamwork. Guardmembers also are family members, community members and employees.

So, Wofford has reached out to Arkansas families, communities and businesses, who often see Guardmembers more frequently than their military chain of command does.

"We don't like to admit that we've got challenges, that we've got problems with suicide in the Guard," he said. "But that's the only way we're going to be able to help our Soldiers and Airmen."

According to coroners' findings and police reports, nine Arkansas National Guardmembers have killed themselves since Jan. 1, 2009, including five who had never deployed. A year earlier, one Guardmember died by suicide.



Army Maj. Gen. William Wofford, the adjutant general of the Arkansas National Guard, and Army Capt. Tanya Phillips, the state's suicide prevention program manager, discuss a Soldier's case before visiting with him at the Central Arkansas Veterans Healthcare System's Eugene J. Towbin Healthcare Center on April 17, 2010. "It takes the strength and courage of a warrior to ask for help," Wofford said. The Arkansas National Guard has aggressively pursued innovative ways to help troubled Citizen-Soldiers and -Airmen since leaders first noticed increased warning signs about two years ago. (U.S. Army photo by SSG Jim Greenhill) (Released)

[download hi-res photo](#)

f Recommend



Air National Guard strips victory from reigning Canadian champs

Feb 11, 2011

The Alaska Air National Guard Curling team claimed victory in

[Air National Guard strips victory from reigning Canadian champs](#)

[Virginia National Guard gets Army's first mobile VICE trainer](#)

[Washington Air National Guardmembers hone tactical air control skills](#)

[Warrior Transition Units Army drafts new regulation](#)

Receive email updates

Enter Email Address

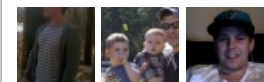
Go



The National Guard on Facebook

f Like

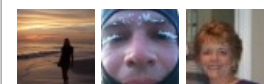
21,018 people like **The National Guard**.



Joel

Johnny

Justin



Genevieve

Jon

Nancy

f Facebook social plugin

NEWS ARCHIVES

- + February 2011
- + January 2011
- + December 2010
- + November 2010
- + October 2010
- + September 2010
- + August 2010
- + July 2010
- + June 2010
- + May 2010
- + April 2010
- + March 2010
- + February 2010
- + More Archives

text size: A A

Printer Friendly

SHARE

Web2PDF

converted by Web2PDFConvert.com

Wofford wants more people to take action like the Soldier's civilian friend, alerting the Guard if they see a Soldier or Airman struggling.

"Let us know, and we will get them some help," he said.

The Arkansas National Guard has taken the lead in addressing suicidal behavior statewide. The state loses about 400 residents annually to suicide. Confronted with its own problem, the Guard surveyed existing resources – and found that, although Arkansas had many organizations bent on reducing suicides, the state had no unified approach.

"Arkansas did not have a suicide prevention plan," Phillips said. "Only one of three states that did not have one. Because of that, our state was not eligible for any of the [federal] grants or anything pertaining to suicide prevention.

"None of the agencies appeared to have any link together. They were all working toward the same goal, but they weren't working in cooperation at all, because they didn't even know what else was out there."

So the Guard took the lead, teaming with other agencies to establish the Arkansas Suicide Prevention Network, which serves all state residents, not just the military.

Since active-duty facilities may not be within easy reach, Wofford further directed that the Arkansas National Guard's own Suicide Prevention Program be available 24-hours, 365-days to any servicemember within the state, from any component, without question – active, Reserve or retired.

The Arkansas Guard signed a unique memorandum of understanding with Veterans Affairs that gives the Guard increased ability to ensure treatment for servicemembers, in part because Guard leaders have agreed to provide a case manager and testify in court when it becomes necessary for Soldiers or Airmen to be held against their will for their own protection.

Last September, Wofford held a joint press conference with Gov. Mike Beebe to increase awareness and request the assistance of the community in combating suicide.

During that press conference, Arkansas residents were reminded that the National Guard is always there to help during a crisis, be it a natural disaster, state emergency or deployment to combat. Now, their National Guard needed each person in the state to step up and help if they knew of a servicemember in need.

Actor Judge Rheinhold and his staff called to see how they could help. They recorded two public service announcements that run on television daily.

The Arkansas National Guard Suicide Prevention Program has also partnered with other agencies to designate September as suicide prevention month in Arkansas. The month will be filled with activities and events to continue the statewide awareness campaign.

"I'm still alarmed at the number of suicides that we've got, but I'm very thankful at the number of suicides that [we've] averted, the ones we've prevented," Wofford said.

Wofford is deeply troubled by suicides, attempted suicides and mental health crises, and he sees distress within the ranks as a symptom of a wider national problem.

"We're representative," he said. "We're a cross-section of what's going on in society."

Instant messaging, texting, e-mails, ubiquitous cell phones, 24-hour shopping and round-the-clock entertainment have created the illusion that any problem can be resolved almost instantly, Wofford suggested.

The pace of life also may have increased superficial acquaintances – measured in Facebook "friend" counts – and diminished meaningful relationships.

Some people leap too quickly to the conclusion, "I have no hope, because my girlfriend broke up with me," Wofford said. "They want immediate gratification. There's something missing there. I try to instill patience."

Wofford and some of his staff who are focusing on suicide prevention have even noticed that it seems some people find it easier to communicate through a computer than in a face-to-face conversation. His chaplain tells a story of a suicidal Soldier who terminated phone calls aimed at intervention but was happy to exchange text messages.

"Talk to them," Wofford said. "Sit down and visit with them. See what's going on in their life. A lot of times, that's all it takes to turn somebody around. ... If we catch it soon enough, we can help that Soldier or Airman. My concern is they let it go too far."

The bottom line is resilience and coping skills – tools the Guard can teach well.

"We've got untold numbers of examples of young men and women that have come into the Guard that came from a less than perfect family life and environment in which they grew up and finally found themselves and found hope in the Guard," Wofford said.

"We try to focus on resilience long before a unit ever deploys. It also takes the strength and courage of a warrior to prepare yourself and to prepare your family to be mentally tough before you deploy.

"Just the day-to-day stress, without even having to worry about a deployment. Trying to balance a civilian job, your military responsibilities, your family responsibilities ... and then have any kind of social life – it's tough, it's challenging, and the economy doesn't help. By being a Guardmember, you're pretty tough."

The Soldier had not asked for help – now, it surrounds him anyway.

"We give them the best equipment, the best body armor, the best Kevlar that is out there," Wofford said. "Now, we've got to fix them inside."

Now, it's up to the Soldier to help himself. He has been provided with the tools for success, and it is up to him to decide whether or not he will be successful.

During Wofford's visit, the Soldier asks about dental treatment. He leaps at the job offer that involves the most responsibility and helping others. He commits to an eight-week in-patient treatment program. He talks about conversations he has had with the civilian friend who intervened, now recognizing them as someone who cares, though he had been initially infuriated. He eats, which he had not for days.

Wofford and Phillips leave with their own spirits lifted, seeing in all this talk about the future exactly what they intended to deliver.

Hope.

[Home](#) | [Site Map](#) | [Privacy Policy](#) | [External Link Disclaimer](#) | [Accessibility](#) | [FOIA](#) | [Contact Us](#)

2010 National Guard Bureau



**NATIONAL
GUARD**

Always Ready Always There

Search Site Map Contact Us

Home

News

About the Guard

Leadership

Joint Staff

For the Media

Resources

News Archive

Today in Guard History

The On Guard

State Publications

Foundations Magazine

RSS News

News Widget

"He fell through the cracks"

By Army Staff Sgt. Jim Greenhill
National Guard Bureau

CONWAY, Ark. (5/13/10) - The death of Army Spc. Josh Farmer intensified the state of Arkansas' focus on helping troubled Soldiers and Airmen.

Farmer died by suicide Sept. 20, 2009. Among initiatives prompted in part by his death: A unique memorandum of understanding between the Arkansas National Guard and the Department of Veterans Affairs that greatly increased the Guard's ability to intervene before it is too late.

"Sometimes Josh said he needed help; sometimes he did not think he needed help," said Stephanie Farmer, Josh's widow, who visits her husband's grave here about once a week because it is where she feels closest to him.

"Josh was a good talker. He could make you think he was OK. He could hide his feelings very well," she said.

Farmer's gift for talking enabled him to persuade doctors he should be released whenever he had second thoughts about treatment.

At the time, Arkansas Guard officials could get little information about patients. They were not notified when troubled servicemembers left treatment. They were powerless to force hospital stays.

No more.

Among initiatives in the MOU signed three months and one day after Farmer's death:

- Information provided by the National Guard can be used to support involuntary hospitalization.
- Guard officials can testify in court if necessary to support hospitalization.
- The National Guard is notified about pending discharges and planned follow-up care.
- The Guard is told if a patient walks away from treatment.
- If another Arkansas hospital turns the patient away, the Guard can obtain help from the VA.

"We are able to make a difference now," said Army Capt. Tanya Phillips, state suicide prevention program manager. "That doesn't bring Josh back, but because of him ... something positive may have occurred."

The MOU effectively makes Arkansas Guard officials part of a Soldier or Airman's treatment team. Guard leaders meet with psychiatrists, social workers and the patient. And the Guard is better able to involve family members and representatives from the servicemember's chain of command.

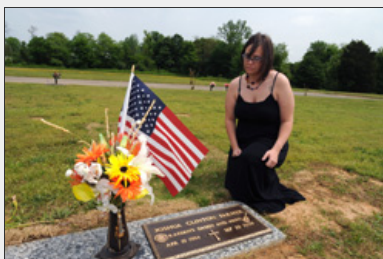
When he was healthy, Josh Farmer left an impression on people that translated into a standing-room-only funeral attended by hundreds.

"Josh was the type of person that you would want to go out of your way for," Stephanie Farmer said. "Smart. Caring. The best dad in the world. He was just the nicest person. Never fought with anybody - even with me. I got everything I wanted. He would do anything for you."

When healthy, Farmer was proud of being a Citizen-Soldier.

"It made him feel like he was somebody," said Stephanie Farmer, who, along with her mother, Norma Gail Gunter, recalled how the family went to South Carolina to see Farmer graduate Basic Combat Training and how he returned home talking loud like a drill sergeant and liberally peppering conversation with a strong "Hooah!"

"He was so proud to be a Soldier," Gunter said. "He really was."



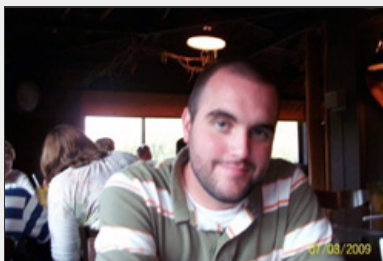
Stephanie Farmer visits the grave of her late husband in Conway, Ark., on April 17, 2010. Army Spc. Josh Farmer died by suicide on Sept. 20, 2009. "You wonder why you couldn't fix it," Stephanie Farmer said. "In my case, why me and my son weren't enough. You get mad, and then you get sad. I relive what he must have been going through. That's the hard part, is to imagine that point, because you would have to feel so alone. None of it makes sense - and it won't." (U.S. Army photo by SSG Jim Greenhill) (Released)

[download hi-res photo](#)



Army Spc. Josh Farmer of the Arkansas National Guard, seen here training during his 2008 deployment to Iraq, killed himself on Sept. 20, 2009. Farmer's death resulted in a stronger focus on helping servicemembers in need. (Photo courtesy Stephanie Farmer) (Released)

[download hi-res photo](#)



Army Spc. Josh Farmer of the Arkansas National Guard on his last family vacation in Branson, Mo., on July 3, 2009. Farmer killed himself on Sept. 20, 2009. Farmer's death resulted in a stronger focus on helping servicemembers in need. (Photo courtesy Stephanie Farmer) (Released)

[download hi-res photo](#)

[f Recommend](#)



Air National Guard strips victory from reigning Canadian champs

Feb 11, 2011

The Alaska Air National Guard Curling team claimed victory in [Air National Guard strips victory from reigning Canadian champs](#)
[Virginia National Guard gets Army's first mobile VICE trainer](#)
[Washington Air National Guardmembers hone tactical air control skills](#)
[Warrior Transition Units Army drafts new regulation](#)

Receive email updates

Enter Email Address

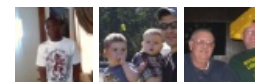
Go



The National Guard on Facebook

[Like](#)

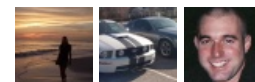
21,018 people like **The National Guard**.



Leedensley

Johnny

Steven



Genevieve

Kyle

Eric

[Facebook social plugin](#)

NEWS ARCHIVES

- [February 2011](#)
- [January 2011](#)
- [December 2010](#)
- [November 2010](#)
- [October 2010](#)
- [September 2010](#)
- [August 2010](#)
- [July 2010](#)
- [June 2010](#)
- [May 2010](#)
- [April 2010](#)
- [March 2010](#)
- [February 2010](#)
- [More Archives](#)

text size: [A](#) [A](#) [A](#)

Printer Friendly [Printer Friendly](#)

[SHARE](#) [Facebook](#) [Twitter](#) [Google+](#) [LinkedIn](#) [StumbleUpon](#) [Dribbble](#) [Delicious](#) [Reddit](#) [VK](#) [Xing](#) [Yelp](#) [Foursquare](#) [Last.fm](#) [SoundCloud](#) [Bandcamp](#) [Spotify](#) [SoundCloud](#) [Bandcamp](#) [Spotify](#)

Web2PDF

converted by Web2PDFConvert.com

When healthy, Farmer would go back into a store to pay more money because he had accidentally been undercharged for gas. He took college classes. He worked full-time for an office supply business.

A musician who played multiple instruments, he could hear a song one time on the radio and be playing it 30 minutes later. He was active in a church youth group and played in praise bands at two different churches.

But Farmer wasn't always healthy. He was treated for anxiety. He sought treatment for alcoholism. He used medications that had not been prescribed to him.

Medical issues threatened to derail deployment to Iraq. Farmer was sent back from mobilization training at Camp Shelby for a back issue to be addressed and to be taken off an anti-anxiety medication.

When he saw local news reports about his unit, he was distraught, saying he was a failure. "I'm supposed to be with them," he told Gunter.

A fire started by an electrical fault gutted the 90-year-old home Josh and Stephanie had shared. Josh got an intoxicated driving charge. He made a couple of suicide attempts. He stole and crashed a pickup truck.

After a stint in rehab, he successfully lobbied to go to Iraq, joining his unit five months late as a supply clerk and returning home with them in time for Christmas 2009.

"It was a hard time for families to get reunited," Phillips said. "It's a very stressful time of year, and we started seeing problems immediately from the return – psychiatric problems, reunification problems, just integration problems, Soldiers not having jobs to come home to because the economy had bombed while they were in Iraq."

Farmer and his wife separated, in part because Stephanie said she was concerned about the safety of their young son after Josh drank before the boy's birthday party. They still talked daily, and they were working on their marriage, but they lived apart.

He started keeping secrets. "He got to hiding it, like he knew he was doing wrong," Gunter said. "Something wasn't right. It scared him."

Gunter, a registered nurse, was alert to the warning signs. Sometimes her son-in-law slept all day. Sometimes he didn't sleep at all and woke her for long late-night conversations about his problems. His drinking and pill use accelerated. He talked about being better off dead.

"He was crying out for help," Gunter said. "I'm an RN, and I have seen a lot of things, and I have never seen a person with that blank, dead stare."

Gunter still has the inch-thick manila folder in which she filed every paper related to her son-in-law's multiple attempts at treatment.

He would get treatment, mostly through the VA, but then he would decide he did not need it anymore.

"He needed to be committed," Stephanie Farmer said. "He needed to be kept for at least a while. He needed [time] to process."

Josh's family feels that treatment providers – hearing the persuasive part of him that said he was OK – turned him away too easily.

"I took him to the VA I don't know how many times, and they kept saying he didn't need help," Gunter said. "He fell through the cracks. The medical part should have included the family more, because the family knows how they are. A crazy person's not going to say they're crazy. They're going to say anything but that."

Doctors were hamstrung because, before the MOU, they had to hear from the patient, it was not enough to have the word of family or unit members.

The MOU has made it easier for doctors to draw on information from a troubled Soldier or Airman's Guard colleagues.

"One of the things that we found in Central Arkansas was the National Guard oftentimes would be the first point of contact for a servicemember who might be suicidal," said Dr. Tina McClain, associate chief of staff for mental health for the Central Arkansas Veterans Healthcare System. "They would maybe bring the servicemember up to the VA, and then the VA doctor maybe wouldn't see with their own eyes. The servicemember might deny at that point that they were suicidal."

"Arkansas state statute says in order to put someone on an involuntary hold for commitment, you have to be an eyewitness to an at-risk behavior or have firsthand knowledge, ... So we would then say, 'We can't admit this person, because we don't see what you guys are seeing.'"

"That led to a lot of frustration from our clinicians as well as on the part of the Guard. Our clinicians were saying, 'We believe the people from the Guard, but we can't do anything about it, because we didn't hear it ourselves or we didn't see it ourselves. So the clinicians were frustrated. There had to be something more we could do.'"

"At the same time, the Guard was frustrated, because, 'We brought him up there, and you guys didn't do anything.'"

Josh Farmer's death was the last straw.

He spent the last day of his life with his 3-year-old son, who could not choose between a Batman or Spiderman costume for Halloween, so his father texted Stephanie that they should pick the outfit together the following weekend.

He saw his mother-in-law, making the eye contact he would not make when he was drinking or using.

He put on his pajamas to go to bed – and sometime later that night he killed himself. It was Stephanie's birthday, and the two had planned to spend it together.

No one but Josh will ever know, but his family feels it was an unpremeditated, spur of the moment suicide made easy because a weapon was at hand – the kind doctors say is hardest to prevent.

"It blew me away," Gunter said. "What did I miss? What signal did I not pick up on? I played it through my mind and still play it through my mind. There was nothing there to get."

Said Stephanie, "You wonder why you couldn't fix it. In my case, why me and my son weren't enough. You get mad, and then you get sad. I relive what he must have been going through. That's the hard part, is to imagine that point, because you would have to feel so alone. None of it makes sense, and it won't. ... It's just the acceptance, knowing he was sick and that nobody could help. I don't think that they think about the people that are left behind, but in that state of mind ... I don't know that they're capable of thinking about that. He didn't know how much it was going to hurt everybody."

Gunter said it's crucial to persist until you find help for someone encountering a mental health crisis.

"Don't give up," she said. "Keep going back to the doctors. Make them listen to you more. Don't just leave it. Keep pursuing it until he gets the help."

Stephanie Farmer said the responsibility at least partly lies with the person who needs help.

"It all depends on the person, if they want the help," she said. "Regardless of whether you have 500 people sitting here waiting, asking, 'What do you need me to do?' The person has to be ready. Josh was ready. If he could've gotten the help, he could've gotten better."

After Josh died, the VA assembled a team, including the Arkansas Guard, to create the MOU within existing state statutes, verifying with the circuit court that nothing about it violated due process.

"We've had some very successful interventions because of the new memo," Phillips said. "It's something positive that came from something negative."

[Home](#) | [Site Map](#) | [Privacy Policy](#) | [External Link Disclaimer](#) | [Accessibility](#) | [FOIA](#) | [Contact Us](#)

2010 National Guard Bureau



**NATIONAL
GUARD**

Always Ready Always There

Search Site Map Contact Us

Home

News

About the Guard

Leadership

Joint Staff

For the Media

Resources

News Archive

Today in Guard History

The On Guard

State Publications

Foundations Magazine

RSS News

News Widget

"I've got a lot of reasons to live"

By Army Staff Sgt. Jim Greenhill
National Guard Bureau

HOT SPRINGS, Ark., (5/14/10) - Army Sgt. 1st Class James Powell badly needed someone to answer the phone.

He couldn't recall crying in 20 years, but the Arkansas National Guard full-timer had broken down, cried, struggled to breathe, had what he later realized was a panic attack and threatened his first sergeant and a lieutenant.

He had been sent home. The next day, a fellow noncommissioned officer from his battalion took Powell to a Veterans Affairs hospital emergency room.

Neither knew that if they told someone Powell was facing a mental health crisis he would vault to the front of the line.

Instead, after several hours waiting, Powell was seen by a doctor. The mental health provider had gone for the day. Powell was sent home with Ambien and Xanax prescriptions, encouraged to sleep and told to call tomorrow to schedule an appointment.

Which was what he was trying to do.

"I kept getting the runaround and talking to machines, and I finally lost it and attempted to hang myself," Powell said.

It wasn't always like this for Powell. The citation and supporting documentation for his 2007 Meritorious Service Medal, the highest of his numerous awards, lauds his performance as, concurrently, combat medic, readiness noncommissioned officer, training NCO and - as a staff sergeant - acting company first sergeant.

He served in the regular Army, Reserves and National Guard after his 1994 enlistment, holds multiple military occupational specialties, beginning with Infantryman, mobilized in response to Hurricane Katrina, twice deployed to combat zones as a line medic and rose relatively rapidly through the ranks.

"Unsurpassed Soldier care and seamless mission accomplishment are non negotiable with SSG Powell," MSM documents state. "SSG Powell leads all his NCOs and Soldiers by text book example, on the ground and out front."

Soldiers taking care of Soldiers saved Powell. When he didn't report as expected at the 296th Medical Company (Ground Ambulance) readiness center here, two junior enlisted Soldiers went to his home, where they cut him down from the noose attached to plant hooks in his ceiling.

"Didn't even know I was contemplating suicide and missed the warning signs myself," Powell said, "until I went over the edge and did it."

It was an accumulation of small things.

He went straight back to 12- to 16-hour workdays after his most recent deployment. Seeking both to recapture the adrenalin of deployment and to avoid the rare sleep that brought nightmares and flashbacks, he used diet pills. To offset the pills, he drank more alcohol than was his habit.

He broke up with a long-term girlfriend. He set aside no time to unwind.

He was jumpy. In restaurants, he instinctively reached for his weapon after he was done eating, and he cleared his vehicle before driving off. Sudden movements, crowds, dead animals on the asphalt, fireworks and war movies all bothered him.

"I didn't really believe in the whole (post traumatic stress disorder) monster until I got it," Powell said. "I thought it was fake. I'd been on a tour before and didn't have any problems and saw a lot worse stuff than I did this time."

As a line medic, Powell treated numerous fellow servicemembers and third country nationals immediately after incidents, such as improvised explosive devices and mortar attacks, that resulted in mass casualties.

"The injuries and the blood and the guts and the gore, that really doesn't bother me," Powell said. "As a medic or as an Infantryman, you grow pretty numb to that, or at least I did."

It's the accumulated responsibility for people he could not save, for Soldiers in his own unit he feels he did not help through difficulties and a sense that he could no longer perform as he once did and is thus letting his fellow Soldiers down that eats at Powell.

As a young Soldier, Powell lost an even younger one to suicide. Powell was a 19-year-old specialist. The Soldier who died was 17.



Two fellow Soldiers saved the life of full-time Arkansas Army National Guard Sgt. 1st Class James Powell, seen here outside a readiness center in Hot Springs, Ark., on April 15, 2010, when they went to his home, found him hanging from the ceiling and cut him down. Intervention at the first signs of trouble and having experts who are available to listen are crucial to helping troubled Soldiers before they ever reach that point, Powell said. "Somebody who's borderline suicidal, the last thing they need to do is be talking to answering machines all day," he said. "All that does is push you over." (U.S. Army photo by Staff Sgt. Jim Greenhill) (Released)

[download hi-res photo](#)

f Recommend



[Air National Guard strips victory from reigning Canadian champs](#)

Feb 11, 2011

The Alaska Air National Guard Curling team claimed victory in [Air National Guard strips victory from reigning Canadian champs](#)
[Virginia National Guard gets Army's first mobile VICE trainer](#)
[Washington Air National Guardmembers hone tactical air control skills](#)
[Warrior Transition Units Army drafts new regulation](#)

Receive email updates

Enter Email Address

Go



**The National
Guard** on Facebook

f Like

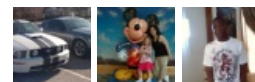
21,018 people like **The National Guard**.



Nancy

Eric

Sean



Kyle

Diana

Leedensley

f Facebook social plugin

NEWS ARCHIVES

- + February 2011
- + January 2011
- + December 2010
- + November 2010
- + October 2010
- + September 2010
- + August 2010
- + July 2010
- + June 2010
- + May 2010
- + April 2010
- + March 2010
- + February 2010
- + More Archives

text size:

Printer Friendly

SHARE

Web2PDF

converted by Web2PDFConvert.com

"I'm closer to some of the guys out of the military than I am to my natural family," Powell said. "I feel responsible when they kill themselves. It almost feels like I pulled the trigger. Like I killed the kid, because I wasn't there for him and missed the warning signs."

On his first Iraq deployment, Powell chatted one night with a Soldier he felt as though he had practically raised since the guy's days as patch-less private.

It was the Soldier's first deployment. He was young. His girlfriend back home had disappeared with their child. Her Facebook page showed her with a new boyfriend. The Soldier's brother was jailed on drug charges. The Soldier's mother was diverting his entire pay check, and he could not afford a haircut.

"I just tried to comfort him and tell him it was going to be OK," Powell said. "Try not to worry about what's going on in the real world, just worry about the here and now, staying alive and taking care of your Soldiers."

Powell sent the Soldier to bed.

Only in retrospect does he know it would have been better to escort the Soldier to his chain of command, a chaplain, a behavioral health care professional or a primary healthcare provider.

The Soldier failed to show for muster the next morning. Medications were missing from combat medic supplies.

Powell found him overdosed on morphine and valium. He administered first aid. He escorted him from Talil to Balad and on to Landstuhl, Germany, before returning to duty.

"He seems to be doing well now," Powell said, "but I still feel responsible that he ever went down that road."

These are the images that bother Powell most at night. Not so much the blast injuries, more the people he feels he did not save.

"You have people's lives in your hands, and there's only so much you can do," Powell said. "You feel responsible for that person's life, and when he or she doesn't make it, you feel even more responsible."

"For me, it's being responsible for others, whether it be an injured Soldier or one of my Soldiers that goes out and does something stupid that maybe I should've caught."

Add to that Powell's recognition that he is, at least for now, not the Soldier he once was.

"I'm no longer able to perform my job to the best of my ability of what I used to be," Powell said, "and I feel responsible. My performance has fallen too far for me to accept continuing doing this job, as much as I love helping people and wearing this uniform. My standards are higher than where I'm performing right now."

Early intervention and an expert's listening ears are crucial to saving troubled Soldiers, Powell said. "The biggest thing is to find somebody more knowledgeable than you are on the subject," he said.

Someone who can cut through the red tape, shorten the waiting times and give you phone numbers where there is a real person at the other end.

"It really helps to have an advocate," he said. "Someone who's borderline suicidal, the last thing they need to do is be talking to answering machines all day. All that does is push you over. 'Nobody cares a s**t anyway, so I might as well go ahead and have one less Soldier they have to worry about, just take care of it right here.'"

Powell said he perceives that Soldiers are reluctant to seek help, because they fear showing weakness, worry their military careers will be over and, rightly or wrongly, feel stigma surrounds mental health issues.

After Powell's attempt to kill himself, he received five days of observation – with no counseling – at a Veterans Affairs hospital and a week of convalescent leave before returning to duty.

"It's been a struggle this entire year ever since then," he said. "I keep returning to duty, and I last about a month, and then I have a breakdown or my PTSD symptoms will flare up, especially when I'm around a large group of Soldiers."

Powell has remarried to a supportive woman, who has a young child. His father is in bad health, and he tries to help. "I've got a lot of people counting on me, so I've got a lot of reasons to live," he said. "I think I did the whole time. I was so busy focusing on helping other people with their problems that I wasn't focused on myself."

Last June, Powell spent eight weeks in an in-patient treatment program for servicemembers diagnosed with PTSD.

"When I quit trying to seek [outpatient] treatment once I was discharged, I started spiraling downhill," he said. "I should've continued trying to seek treatment. I'd probably be OK now."

Now Powell is in weekly group therapy, which he praises, because he is able to talk with other servicemembers sharing similar struggles. Another Soldier's ears are in his opinion the best therapy. He attends church, takes his boat out, fishes, camps and canoes. He no longer hunts after selling his last weapon last summer as a precaution against his own impulses.

He still struggles. On April 3, a member of his unit who had never deployed killed himself. Powell served as a casualty assistance officer. That latest death and the prospect of this interview about his own challenges prompted a week of nightmares about suicide.

"I'm trying not to work myself back to where I was," he said. "I still feel responsible, and I still try to do as much as I can, but when I reach that point where I'm about to blow up or lose it, I just walk away for a little while."

But he wants to help.

"We can't just put blinders on and pretend that they're not there and hope it'll go away," he said. "The problems will go away – and so will the Soldiers. We'll put them in the ground. ... We're just going to continue to bury Soldiers from non combat-related deaths, which is unacceptable. If you're going to die for your country, you should at least do it overseas trying to protect your buddy."

Powell plans to get more involved in ministry, volunteer at Veterans Affairs hospitals and start a support organization for veterans after he completes his military career.

He has an appointment before a two-day medical board scheduled for this month.

"I would like to be either medically retired or discharged under honorable conditions, because I don't feel I'm able to perform my duty like I should anymore," he said. "If I could just stay deployed, if I didn't have a wife and a kid now, I probably would just try to stay deployed all the time, because it's so much easier over there: You really only have one focus, and that's staying alive and keeping your guys alive."

[Home](#) | [Site Map](#) | [Privacy Policy](#) | [External Link Disclaimer](#) | [Accessibility](#) | [FOIA](#) | [Contact Us](#)

2010 National Guard Bureau



**NATIONAL
GUARD**

Always Ready Always There

Search Site Map Contact Us

Home

News

About the Guard

Leadership

Joint Staff

For the Media

Resources

News Archive

Today in Guard History

The On Guard

State Publications

Foundations Magazine

RSS News

News Widget

Commentary: Keeping battle buddies from the void

By Army Staff Sgt. Jim Greenhill
National Guard Bureau

MCLEAN, Va. (5/3/10) - Suicide is a permanent solution to temporary problems and on Memorial Day in 2005 one of my best friends chose it.

Though he toyed with joining the Air National Guard, he wasn't a servicemember, but I am a Soldier touched by suicide, and maybe something in his story will help.

Suicide leaves family members and friends with a peculiar pain entirely different from other deaths, such as losing both parents to natural causes, as I have in the last seven years.

In the almost five years since my friend's death, the pain has never left; its quality changes, but grief lingers.

Grief and guilt.

Family members and friends ask: Why didn't I call? Why wasn't I there? Why didn't I heed the warnings?

It helps when someone says it is arrogant to think anything we might have done would have made a difference, but it does not make the questions go away - especially as the National Guard's experience tackling suicide and studies of suicide psychology suggest intervention can be the difference between life and death.

In retrospect, the warnings were all too clear.

My friend had a history of alcohol and drug abuse. He became sober through a 12-step program, sustained several years of sobriety, earned a pilot's license despite barely graduating high school and made amends with loved ones for past wrongs.

He got into a relationship. She had her own issues, and he struggled to help. He lost his bearings. Relapsed. Problems with money escalated.

He isolated, moving far from family and long-time friends.

Life happened: His Jeep broke down and defied his efforts to fix it. He binged. Unable to drive to work - his pride rested on his vocation - and emotionally distorted by drug use, he shot himself.

He had been planning. He took out enough life insurance to pay off his debts and help his children, choosing a policy that paid despite suicide.

He fixed things left undone, tied up loose ends, repaired a gun borrowed from a brother and ensured it got back to him, a task he had put off for years.

Surrounded with photographs of loved ones, myself included, he took the permanent solution.

I had been deployed a year. Meant to call. Meant to visit. Meant to do something about the nagging warnings.

I did not call. I did not visit. I ignored the warnings, ignored the intuitive voice that said, "Do something."

He killed himself within days of my return.

I talked with a forensic pathologist with more than 20-years' experience who has autopsied hundreds of suicides.

She said she sees two kinds: Suicides planned days, weeks or months ahead of time and suicides that appear to be a spur-of-the moment decision.

Ironically, spur-of-the-moment suicides are more likely to be successful than planned ones.

In spur-of-the-moment cases, the forensic pathologist believes the compulsive impulse is temporary and therefore intervention at the right moment can save a life.

I can't undo my friend's choice.

I can live the rest of my life aware that Soldiers, Airmen and civilians around me may be coping with unsuspected problems.

As a noncommissioned officer, I can watch out for battle buddies. Not "can." Must.

According to San Francisco Suicide Prevention, the nation's oldest community crisis line, these are among warning signs:

Talking about dying; recent loss; personality, behavior, sleep pattern and/or eating habit change; diminished sexual interest; fear of losing control; low self-esteem; no hope; giving away prized possessions; substance abuse; making a will; arranging pet care; extravagant spending; agitation, hyperactivity, restlessness or lethargy.

Regardless of whether someone welcomes intervention, it is the right thing to do, and the services have appropriate ways to handle it.

The Army's ACE suicide prevention program tells us to:

- **Ask**, "Are you thinking of killing yourself?"
- **Care**, by removing means for self-injury, calmly taking control and actively listening.

f Recommend

**NATIONAL
GUARD** *Always Ready Always There*

[Air National Guard strips victory from reigning Canadian champs](#)
Feb 11, 2011

The Alaska Air National Guard Curling team claimed victory in [Air National Guard strips victory from reigning Canadian champs](#)

[Virginia National Guard gets Army's first mobile VICE trainer](#)

[Washington Air National Guard members hone tactical air control skills](#)

[Warrior Transition Units Army drafts new regulation](#)

Receive email updates

Enter Email Address

The National Guard on Facebook

21,018 people like **The National Guard**.

Brady
 Diana
 Genevieve

Kim
 Johnny
 Eric

f Facebook social plugin

NEWS ARCHIVES

- + February 2011
- + January 2011
- + December 2010
- + November 2010
- + October 2010
- + September 2010
- + August 2010
- + July 2010
- + June 2010
- + May 2010
- + April 2010
- + March 2010
- + February 2010
- + More Archives

text size:

Printer Friendly

SHARE

Web2PDF

converted by Web2PDFConvert.com

- **Escort** the potentially suicidal person to the chain of command, chaplain, behavioral health professional or primary care provider.

It's better to err on the side of caution than wonder what you might have done to head someone away from that void.

Failure to act means living with the void that remains.

[Home](#) | [Site Map](#) | [Privacy Policy](#) | [External Link Disclaimer](#) | [Accessibility](#) | [FOIA](#) | [Contact Us](#)

2010 National Guard Bureau